

PRESS HARD-YOU ARE MAKING THREE COPIES!

TEXAS DEPARTMENT OF PUBLIC SAFETY
CRIMINAL HISTORY REPORTING FORM

TRN		DATE OF ARREST (DOA)		DPS NO. (SID)		FBI NO.		CONTRIBUTOR ORI		OUT OF COUNTY? <input type="checkbox"/> YES		OUT OF COUNTY ORI										
ARREST/IDENTIFICATION	NAME (LAST, FIRST, MIDDLE) (NAM)				DATE OF BIRTH (DOB)		PLACE OF BIRTH (POB)		SEX		RACE		ETH.		HGT.		WGT.		OUT OF COUNTY WARRANT NO.			
	EYE		HAIR		SKIN TONE		SOCIAL SECURITY NO. (SOC)		SCARS, MARKS, TATTOOS, AMPUTATIONS (SMT)										LEAVE BLANK			
	MISC. NO. (MNU)		CITZ.		DRIVER LICENSE NO. (OLN)		STATE		TYPE		ID CARD NO. (IDN)		STATE									
	LICENSE CERTIFICATION AND ISSUING AUTHORITY								LICENSE NO.													
	ALIAS NAME(S) (AKA)								ADDRESS								CITY					
	CHARGING AGENCY ORI				CHARGING AGENCY NAME				AGENCY ARREST NO. (AGN)				AGENCY CASE NO. (OCA)				FIREARM CODE		<input type="checkbox"/>			
	TRS A001		GOC		DOMESTIC VIOLENCE OFFENSE? <input type="checkbox"/> Y or N		OFFENSE CODE (AON)		OFFENSE LITERAL (AOL)													
	VICTIM'S AGE (VIC)		STATUTE CITATION (CIT)				LEVEL & DEGREE		FELONY (X,1,2,3 or S)		MISDEMEANOR (A, B or C)		DATE OF OFFENSE (DOO)				WARRANT HOLDER ORI					
	WARRANT HOLDER CASE NO.		ARREST DISPOSITION (ADN)		DISPOSITION DATE (ADA)		PROSECUTOR ORI (REF)		TRANS HAZ MATERIAL? <input type="checkbox"/> Y or N		OPER COM VEHICLE? <input type="checkbox"/> Y or N		LICENSE NO.		STATE		YEAR					
	PREPARED BY, PLEASE PRINT												DATE									
PROSECUTOR	PROSECUTOR ORI (ORIP)				PROSECUTOR OFFICE																	
	<input type="checkbox"/>		PROSECUTOR ACTION CODE USE ONLY ONE CODE REFER TO PAF CODE LIST				PROSECUTOR ACTION LITERAL								PROSECUTOR ACTION DATE (PAD)							
	GOC		DOMESTIC VIOLENCE OFFENSE? <input type="checkbox"/> Y or N		CHANGED OFFENSE CODE (PON)		OFFENSE LITERAL (POL)						VICTIM'S AGE (VIC)		STATUTE CITATION (CIT)							
	CHARGES FILED IN (COURT ORI)				COURT NAME								LEVEL & DEGREE		FELONY (X,1,2,3 or S)		MISDEMEANOR (A,B or C)					
	PREPARED BY, PLEASE PRINT						DATE:				ADDITIONAL CHARGES BY PROSECUTOR, NOT PRESENT AT ARREST? <input type="checkbox"/> Y or N				IF YES, FILL OUT SUPPLEMENTAL FORM							
COURT	COURT ORI (ORIC)				COURT NAME								CAUSE NUMBER (CAU)									
	GOC		DOMESTIC VIOLENCE OFFENSE? <input type="checkbox"/> Y or N		OFFENSE CODE (CON)		OFFENSE LITERAL (COL)						VICTIM'S AGE (VIC)		STATUTE CITATION (CIT)		DEGREE OF DISPOSED OFFENSE		FELONY (X,1,2,3 or S)		MISDEMEANOR (A, B, or C)	
	FINAL PLEA (FPO)		GUILTY <input type="checkbox"/>		NO CONTEST <input type="checkbox"/>		NOT GUILTY <input type="checkbox"/>		COURT DISPOSITION DATE (CDD)				SENTENCE/STATUS DATE (DOS)				COURT DISPOSITION (CDN)				COURT COST (CST)	
	CONFINEMENT (CMT)		SENTENCE SUSPENDED - TIME (CSS)		PROBATION (CPR)		FINE (CFN)		SENTENCE SUSPENDED-FINE (CSF)													
	COURT PROVISION (CPN)		COURT PROVISION LITERAL (CPL)										MULTIPLE SENTENCES (MCC)									
	AGENCY TO RECEIVE CUSTODY (ARC)				APPEAL DATE (DCA)				OFFENDER STATUS DURING APPEAL (DDA)				RESULT OF APPEAL (FCD)									
	CHECK BOX TO INDICATE DIC-17 DATA IS PRESENT <input type="checkbox"/>		BEGINNING DATE OF SUSPENSION		EDUCATION PROGRAMS		DWI <input type="checkbox"/> DRUGS <input type="checkbox"/>		EDUCATION REQUIRED		EDUCATION COMPLETED		EDUCATION WAIVED		INTERLOCK REQUIRED		REPEAT OFFENDER REQUIRED					
			ENDING DATE OF SUSPENSION														REPEAT OFFENDER COMPLETED					
	PREPARED BY, PLEASE PRINT												DATE									
	FOR LOCAL AGENCY USE																					

PERF

IS THE USE OF SUPPLEMENT REQUIRED ON THIS INCIDENT? YES ☐ NO ☐
MAIL TOP COPY TO: TEXAS DEPARTMENT OF PUBLIC SAFETY PO BOX 4143 AUSTIN TX 78765 – 4143
WHITE – ARREST REPORTING SHEET YELLOW – PROSECUTOR REPORTING SHEET PINK – COURT REPORTING SHEET

TRN		DATE OF ARREST (DOA)		DPS NO. (SID)		FBI NO.		CONTRIBUTOR ORI		OUT OF COUNTY? <div><input type="checkbox"/></div> YES		OUT OF COUNTY ORI					
Signature of person fingerprinted	NAME (LAST, FIRST, MIDDLE) (NAM)				DATE OF BIRTH (DOB)		PLACE OF BIRTH (POB)		SEX	RACE	ETH.	HGT.	WGT.	OUT OF COUNTY WARRANT NO.			
	EYE	HAIR	SKIN TONE	SOCIAL SECURITY NO. (SOC)		SCARS, MARKS, TATTOOS, AMPUTATIONS (SMT)								LEAVE BLANK			
	MISC. NO. (MNU)		CITZ.	DRIVER LICENSE NO. (OLN)		STATE	TYPE	ID CARD NO. (IDN)			STATE						
	LICENSE CERTIFICATION AND ISSUING AUTHORITY						LICENSE NO.										
	ALIAS NAME(S) (AKA)						ADDRESS				CITY		STATE				
	CHARGING AGENCY ORI				CHARGING AGENCY NAME				AGENCY ARREST NO. (AGN)		AGENCY CASE NO. (OCA)		FIREARM CODE <div><input type="checkbox"/></div>				
	TRS	GOC	DOMESTIC VIOLENCE OFFENSE? <div><input type="checkbox"/></div> Y or N	OFFENSE CODE (AON)		OFFENSE LITERAL (AOL)			PRINTED BY:								
	VICTIM'S AGE (VIC)		STATUTE CITATION (CIT)			LEVEL & DEGREE	FELONY (X,1,2,3 or S) <div><input type="checkbox"/></div>		MISDEMEANOR (A, B or C) <div><input type="checkbox"/></div>		DATE OF OFFENSE (DOO)		WARRANT HOLDER ORI				
	1. R. THUMB		2. R. INDEX			3. R. MIDDLE			4. R. RING			5. R. LITTLE					
	6. L. THUMB		7. L. INDEX			8. L. MIDDLE			9. L. RING			10. L. LITTLE					
LEFT FOUR FINGERS TAKEN SIMULTANEOUSLY					L. THUMB		R. THUMB		RIGHT FOUR FINGERS TAKEN SIMULTANEOUSLY								

TEXAS DEPARTMENT OF PUBLIC SAFETY
CRIME RECORDS SERVICE
PO BOX 4143
AUSTIN TX 78765-4143
PHONE 512-424-2367

OFFENSES	INSTRUCTIONS
<div>THE COMPLETION OF THIS SECTION OF THE FINGERPRINT CARD IS NOT A REQUIREMENT FOR SUBMISSION TO THE DEPARTMENT OF PUBLIC SAFETY.</div> <div>AOO1</div> <div>AOO2</div> <div>AOO3</div> <div>DISPOSITION</div> <div>EMPLOYER</div> <div>OCCUPATION</div> <div>NAME AND ADDRESS OF NEAREST RELATIVE</div> <div></div> <div></div>	<div>1. TYPE OR PRINT ALL INFORMATION.</div> <div>2. NOTE AMPUTATIONS IN PROPER FINGERPRINT BLOCKS.</div> <div>3. MAKE CERTAIN ALL IMPRESSIONS ARE LEGIBLE, FULLY ROLLED AND CLASSIFIABLE.</div> <div>4. THE PRIVACY ACT OF 1974 (P.L. 93-579) REQUIRES THAT FEDERAL, STATE, OR LOCAL AGENCIES INFORM INDIVIDUALS WHOSE SOCIAL SECURITY NUMBER IS REQUESTED WHETHER SUCH DISCLOSURE IS MANDATORY OR VOLUNTARY, BASIS OF AUTHORITY FOR SUCH SOLICITATION, AND USES WHICH WILL BE MADE OF IT.</div> <div>5. THE SIGNATURES OF THE PERSON PRINTED AND THE PERSON PRINTING THAT INDIVIDUAL MUST BE PRESENT ON THE FINGERPRINT CARD.</div>
	CR-45 (Rev. 8/10)